



**CASE SPECIFIC POWER OF ATTORNEY WHERE MULTIPLE ASSIGNEES
ARE PRESENT OR IF THERE IS NO ASSIGNEE**

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	10/541,821
	Filing Date	July 11, 2005
	First Named Inventor	Haruo SUGIYAMA, et al.
	Title:	DIMERIZED PEPTIDE
	Attorney Docket Number:	283125US0X PCT

I hereby appoint:

☒ Practitioners associated with the Customer Number 22850

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number.

I am the:

☒ Inventor.

SIGNATURE OF INVENTOR			
Signature	<i>Haruo Sugiyama</i>		
Name	Haruo SUGIYAMA	Telephone	
Date	February 5, 2006		
Signature	<i>Hideo Takasu</i>		
Name	Hideo TAKASU	Telephone	
Date	January 19, 2006		
Signature	<i>Fumio Samizo</i>		
Name	Fumio SAMIZO	Telephone	
Date	January 24, 2006		

* NOTE: Signatures of all the inventors are required. Total of _____ forms are submitted.

**THIS FORM IS USED FOR PATENT APPLICATIONS HAVING MULTIPLE ASSIGNEES
OR IF THERE IS NO ASSIGNEE**